

STATE OF ALASKA

Department of Environmental Conservation

Division of Environmental Health

FOOD SERVICE PERMIT EXEMPTION APPLICATION

18 AAC 31.014 (b)(c)

Permit Number: _____

APPLICANT INFORMATION:

Facility Name _____

Operator Name _____

Local Mailing Address _____

Local Phone: _____

(907) _____

City, State, Zip _____

Fax: _____

Physical Location _____

Email Address _____

Corporation Name _____

Corporate Mailing Address (if different) _____

City, State, Zip _____ Corp. Phone (907) _____

Please ✓ each box as completed.

☐ Plot plan attached: A plot plan of the entire premises showing the location of buildings, refuse storage site, well or other water supply, wastewater disposal system, any surface water bodies.

☐ Floor plan attached: A detailed to-scale drawing of the establishment showing the food service, lodging, living, restroom, shower and laundry facilities; and the type and location of equipment, plumbing fixtures, and sleeping accommodations.

☐ Food items: Are all foods from sources approved by the State of Alaska, the federal Food & Drug Administration or the United States Department of Agriculture? YES _____ NO _____

Will all food be prepared for immediate service? YES _____ NO _____
(No cooling or reheating of potentially hazardous foods.)

☐ Drinking water:

PWSID # ☐ ☐ ☐ ☐ ☐ ☐

_____ Date _____

Approved by (Office/Name)

☐ Domestic wastewater system

_____ Date _____

Approved by (Office/Name)

DEPARTMENT USE ONLY:

Establishment ID ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Type Code ☐ ☐ - ☐

☐ OTC completed, and \$140.00 **NON REFUNDABLE FEE** collected

☐ Confirmation of applicant information by local EHO

_____ Date _____

Exemption: _____ Approved _____ Disapproved

Comments: _____

Program Manager _____

Date _____

Note: an exemption does not absolve the operator from complying with state law regarding food source and condition, or other applicable regulations including 18 AAC 30,32,34,50,60,72 & 80.

INSTRUCTIONS FOR APPLICANTS REGARDING DRINKING WATER & DOMESTIC WASTEWATER

If you know your drinking water **PWSID#** please record it where indicated.

If your drinking water and domestic wastewater systems have been reviewed and approved by the department, please record the date, office and name of the person who approved them where indicated.

If your drinking water of domestic wastewater systems have not been reviewed and approved by the department,

Or if either system has been modified since approval, please contact domestic wastewater staff (**DWW**) at the Local office closest to you for plan review submittal information, prior to submitting this application.

LOCAL ENVIRONMENTAL HEALTH OFFICES

ANCHORAGE

555 Cordova Street, 5th Floor
Anchorage, AK 99501-5948
907-269-7501
907-269-7510 FAX

JUNEAU

410 Willoughby Ave., Ste 303
Juneau, AK 99801-1795
907-465-5285
907-465-5362 FAX

KODIAK

PO Box 515
Kodiak, AK 99615
907-486-3350
907-486-5032 FAX

VALDEZ

PO Box 1709
Valdez, AK 99686
907-835-8012
907-835-2429 FAX

DUTCH HARBOR

P.O. Box 465
Unalaska, AK 99685
907-581-4632
907-581-1795 FAX

KETCHIKAN

540 Water Street, Ste. 203
Ketchikan, AK 99901
907-225-6200
907-225-0620 FAX

PALMER

500 South Alaska
Palmer, AK 99645
907-745-3236
907-745-8125 FAX

FAIRBANKS

610 University Avenue
Fairbanks, AK 99709-3643
907-451-2120
907-451-5120 FAX

KENAI

43335 K-Beach Rd, Ste 11
Soldotna, AK 99669
907-262-5210
907-262-2294 FAX

SITKA

901 Halibut Point Rd., #3
Sitka, AK 99835
907-747-8614
907-747-7419 FAX

STATE OF ALASKA

Department of Environmental Conservation
Division of Environmental Health

FOOD SERVICE PERMIT EXEMPTION APPLICATION

18 AAC 31.014 (b)(c)

Permit Number: _____

APPLICANT INFORMATION:

Facility Name Ted's Snack Shack

Operator Name Ted Schumann

Local Mailing Address PO Box 32145

Local Phone: _____

(907) 776-5555

City, State, Zip Nikiski, AK 99635

Fax: (907)776-4444

Physical Location Mile 27 Kenai Spur

Email Address tedssnackshack@alaska.net

Corporation Name Ted's Snack Shack

Corporate Mailing Address (if different) _____

City, State, Zip _____ Corp. Phone (907) 555-5152

Please ☒ each box as completed.

☒ Plot plan attached: A plot plan of the entire premises showing the location of buildings, refuse storage site, well or other water supply, wastewater disposal system, any surface water bodies.

☒ Floor plan attached: A detailed to-scale drawing of the establishment showing the food service, lodging, living, restroom, shower and laundry facilities; and the type and location of equipment, plumbing fixtures, and sleeping accommodations.

☒ Food items: Are all foods from sources approved by the State of Alaska, the federal Food & Drug Administration or the United States Department of Agriculture? YES ☒ NO ☐

Will all food be prepared for immediate service?
(No cooling or reheating of potentially hazardous foods.)

YES ☒ NO ☐

☒ Drinking water:

PWSID #

ADEC Mala Kalyan

Date 08/04/05

Approved by (Office/Name)

☒ Domestic wastewater system

ADEC Mala Kalyan

Date 08/04/05

Approved by (Office/Name)

DEPARTMENT USE ONLY:

Establishment ID

Type Code -

☐ OTC completed, and \$140.00 **NON REFUNDABLE FEE** collected

☐ Confirmation of applicant information by local EHO

Date _____

Exemption: _____ Approved _____ Disapproved

Comments: _____

Program Manager _____

Date _____

Note: an exemption does not absolve the operator from complying with state law regarding food source and condition, or other applicable regulations including 18 AAC 30,32,34,50,60,72 & 80.

More Information on this Form

When do you need this form?

When a food vendor requests an exemption of a food permit.

Who fills out this form?

The food vendor.

Who signs this form?

No signature is required.

Where does this form get delivered?

To the ADEC office at: 555 Cordova St. Anchorage, AK 99501